

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT UPHOLDING PROVIDER'S FIRST OR SECOND VIOLATION
FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient

This notice is to inform you of the outcome of the Right to Dispute Violation form your provider,

_____ filed after the violation he/she received for the month of _____. The county has reviewed the request and has decided that the violation is upheld. Based on the county's review of the information and/or documentation provided by your provider on the Right to Dispute Violation form, the county has determined that there was not enough information and/or documentation to show your provider met the criteria required for him/her to work more than his/her workweek agreement allows for. **As a result, your provider will continue to have a violation for the following reason(s):**

- ☐ Worked more than 40 hours in a workweek for a recipient without the recipient getting approval from the county when that recipient's maximum weekly hours are 40 hours or less.
- ☐ Worked more than a recipient's maximum weekly hours without the recipient getting approval from the county which caused your provider to work more overtime hours in the month than your provider normally would.
- ☐ Worked more than 66 hours in a workweek when your provider works for more than one recipient.
- ☐ Claimed more than 7 hours of travel time in a workweek.

If you have any questions about this notice, you may contact your county IHSS office at the phone number listed above.